1297061

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



- · · · · · · · · · · · · · · · · · · ·					
Name of Offering (check if this is an amendment and name has change, and indicate change.)					
Private Offering of Series B Convertible Preferred Stock					
······································					
Filing Under (Check box(es) that apply):		☐ Section 4(6) ☐ ULOE			
Type of Filing: New Filing	Amendment				
A. BASIC IDENTIFICATION DATA					
1. Enter the information requested about the is	suer				
Name of Issuer (check if this is an amendme	nt and name has changed, and indicate change.)				
SourceCode Technology Holdings, Inc.					
Bouree odd recimology troidings, me.					
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
4042 148th Ave NE	Redmond, Washington 98052	(425) 883-4200			
4042 146th AVC NE	Redifford, Washington 98032	(423) 883-4200			
Address of Principal Business Operations	(Number and Street, City State Sin Softe)	Relephone Number (Including Area Code)			
(if different from Executive Offices)	(Number and Street, CityPROCESSE				
(ii different from Executive Offices)		7			
Brief Description of Business Software Develo	nment Company				
	IAN 0 4 2007	\mathcal{C}			
JAN 0 \$ 2007					
THOMSON THOMSON					
Type of Business Organization	FINANCIAL				
corporate	limited partnership, already formed	other (please specify):			
		United (piease speetry).			
business trust	limited partnership, to be formed	· · · · · · · · · · · · · · · · · · ·			
<u> </u>	Month Year				
Actual or Estimated Date of Incorporation or Organization: 0 6 0 4 🖂 Actual 🗆 Estimated					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation of State:					
CN for Canada; FN for other foreign jurisdiction) D E					
Civilor Canada, 114 for Guier Torogn jurisdiction)					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers Check Box(es) that Apply: ☐ Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) van Wyk, Adriaan **Business or Resident Address** (Number and Street, City, State, Zip Code) 4042 148th Avenue NE, Redmond, WA 98052 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner Executive Officer \boxtimes Director General and/or Managing Partner Full Name (Last name first, if individual) Lester, Cameron **Business or Resident Address** (Number and Street, City, State, Zip Code) 650 California Street, 11th Floor, San Francisco, CA 94108 Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Azure Venture Partners I, L.P. **Business or Resident Address** (Number and Street, City, State, Zip Code) 650 California Street, 11th Floor, San Francisco, CA 94108 Beneficial Owner **Executive Officer** Director Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Pretorius, Rudolf Business or Resident Address (Number and Street, City, State, Zip Code) 4042 148th Avenue NE, Redmond, WA 98052 Check Box(es) that Apply: ⊠ Beneficial Owner **Executive Officer** □ Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Treacle Fund I Trust **Business or Resident Address** (Number and Street, City, State, Zip Code) Suite 5, Gleneagles, Fairway Office Park, 52 Grosvenor Road, Bryanston, South Africa Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) le Roux, Lenz **Business or Resident Address** (Number and Street, City, State, Zip Code) 4042 148th Avenue NE, Redmond, WA 98052 □ Beneficial Owner Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Wagner, Olaf **Business or Resident Address** (Number and Street, City, State, Zip Code) 4042 148th Avenue NE, Redmond, WA 98052

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTIFI	CAT	ION DATA		<u> </u>		٠,
2. Enter the information req	uested for the follo					· · · · · · · · · · · · · · · · · · ·		
· ·		r has been organized with		•				
 Each beneficial owner securities of the issue 		r to vote or dispose, or d	lirect	the vote or disposit	ion of	, 10% or n	nore o	f a class of equity
 Each executive office 	r and director of co	orporate issuers and of co	грога	e general and mana	ging p	artners of p	partne	rship issuers; and
 Each general and man 	aging partner of pa	artnership issuers		<u> </u>				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☒	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Laubscher, Hennie	individual)							
Business or Resident Address		eet, City, State, Zip Code)		1				
4042 148th Avenue NE, Redm	<u></u>							
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠ 	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Parker, Dennis	individual)			•				
Business or Resident Address 4042 148th Avenue NE, Redm		eet, City, State, Zip Code)						·
Check Box(es) that Apply:	Promoter	Beneficial Owner	\boxtimes	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Colbeck, Brian.	individual)				-			
Business or Resident Address 4042 148th Avenue NE, Redm		eet, City, State, Zip Code)						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	\boxtimes	Director		General and/or Managing Partner
Full Name (Last name first, if i Byunn, Eric	ndividual)							
Business or Resident Address 555 California Street, Suite 290	-	eet, City, State, Zip Code) CA 94108						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i Financial Technology Ventures			<u> </u>					
Business or Resident Address 555 California Street, Suite 290	•	eet, City, State, Zip Code) CA 94108			•			
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	ndividual)		•					
Business or Resident Address	(Number and Stre	eet, City, State, Zip Code)	•					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if i	ndividual)							
Business or Resident Address	(Number and Stre	eet, City, State, Zip Code)					•	
;	(Use blank shee	et, or copy and use addition	al cop	ies of this sheet, as n	ecessa	ry.)		

B. INFORMATION ABOUT OFFERING	·	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in his offering? Answer also in Appendix, Column 2, if filing under ULOE.	Yes	No ⊠
2. What is the minimum investment that will be accepted from any individual?	\$ <u>66,432</u>	<u> </u>
3. Does the offering permit joint ownership of a single unit?	Yes	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commis sion or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a perso to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer	-	
State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States) [AL]	All Sta	ates ID
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States) [AL]	IORI 🔲	ites [ID]
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)	-	
Name of Associated Broker or Dealer		
State in Which Person Listed Has Solicited or Intends to Solicit Purchases (Check "All States" or check individual States) [AL]	[MS]	ates ID}

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amounted sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offer check this box and indicate in the columns below the amounts of the securities offered for exchand already exchanged.	ing, inge	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ <u>11,250,000</u>	\$ 11,250,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		\$
	Total		\$ 11.250.000
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	•
2.	Enter the number of accredited and non-accredited investors who have purchased securities in offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, in cate the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ndi-	
		Manakan :	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	<u>2</u>	\$ 11,250,000
	Non-accredited Investors	<u>0</u>	\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all sec ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months p to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1		Dollar Amount
	Type of offering	Security	Sold
	Rule 505	•	\$
	Regulation A		\$
	Rule 504		\$
	Total		<u> </u>
			Ψ
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the issuance and distribution of the information may be given as subject to future contingencies. If the amount of an expendit is not known, furnish an estimate and check the box to the left of the estimate	uer.	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 125,000
	Accounting Fees.		\$
	Engineering Fees.		\$
	Sales Commissions (specify finders' fees separately)	-	\$
	Other, Expenses (identify)		\$
	· · · · · · · · · · · · · · · · · · ·		

Total

№ \$125,000

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPEN	SF2 AND OP	OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to tion 1 and total expenses furnished in response to Part C - Question 4.a. This d "adjusted gross proceeds to the issuer."	ifference is th	e	\$ 11,125,000
١.	Indicate below the amount of the adjusted gross proceeds to the issuer used or used for each of the purposes shown. If the amount for any purpose is not kno estimate and check the box to the left of the estimate. The total of the payments list the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b at	own, furnish a sted must equa	n	
			Payments to Officers, Directors & Affiliates	Payment to Others
	Sales and fees		\$	□ \$
	Purchase of real estate	_		□ \$
	Purchase, rental or leasing and installation of machinery and equipment	_	\$	<u> </u>
	Construction or leasing of plant buildings and facilities		\$	
	Acquisition of other business (including the value of securities involved in this	. –		
	offering that may be used in exchange for the assets or securities of another	П	•	
	issuer pursuant to a merger)		\$.□ t
	Working capital	 -	\$ \$	
	working capital	=	\$	S
			<u></u>	_
	Other (specify):		\$	□ \$
	x			
		!		
	Column Totals		S	\$ <u>11,125,000</u>
	Total Payments Listed (column totals added)			25,000
_	D. FEDERAL SIGNATURE			
ig	ne issuer has duly caused this notice to be signed by the undersigned duly authorized personature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exch formation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	ange Commissi	ion, upon written re	
	suer (Print or Type) ourceCode Technology Holdings, Inc.		Date 17/1	8/06
۱a	ame of Signer (print or Type) Title of Signer (Print or Type)			
	rian Colbeck Chief Financial Officer and Treasurer	ŗ .		
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_____ ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 16